

Mudgeeraba General Practice

Suite 5, Bell Place Professional Centre • 1 Bell Place • Mudgeeraba Qld 4213
Telephone: (07) 5530 2822 • Facsimile: (07) 5530 2608 • Email: admin@themgp.com.au • Web: www.themgp.com.au

Pre-Travel Health Consultation

Whether you are going on an African safari or a business trip to Thailand, preparation is paramount to a safe and successful trip. All travelers should become informed about the potential hazards of the countries they are traveling to and learn how to minimize any risk to their health. The best way to be prepared is to schedule a pre-travel consultation with our certified travel medicine specialist.

A pre-travel health consultation includes:

- An individualised assessment of your travel health risks based on your destinations, itinerary, and medical history.
- A discussion of how to prevent common travel related illnesses, and specific diseases prevalent to your area of travel.
- Recommended immunisations and a World Health Organization (WHO) approved International Certificate of Vaccination.
- Prescriptions for medications to prevent and treat illnesses while traveling including malaria and travelers' diarrhoea.

Advice and counseling on a wide range of travel health related issues:

- Food and Water Precautions
- Insect bite prevention
- Altitude Illness
- Jet Lag
- Motion Sickness
- Injuries and Safety
- Animal associated hazards

Prepare for your appointment:

- A pre-travel immunisation series may need additional booster shots, so we recommend that you schedule a Travel Clinic appointment at least 4 to 6 weeks before your departure. When this is not possible, we will meet your travel health needs as completely as time allows.
- Consultations are available by appointment and no referral is necessary. Our schedule is flexible and we can often fit you in the same or following day.
- Bring with you any prior immunisation records to ensure that you only get the vaccines you really need.
- As is customary in the community, our assessments are provided on a fee-for-service basis with payment due at the time of the visit.
- Your personal consultation is with a practicing medical professional who has the expertise and experience to deal with a wide range of medical issues

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Complete all parts and bring to consultation with your doctor

Personal details

Surname..... Given name.....
 Date of birth:...../...../..... Age:..... Sex: M..../F..... Country of birth:.....
 Occupation.....
 Address:..... Suburb.....
 Postcode..... Phone No. (H)..... (Mobile).....
 In which countries did you spend your childhood

Email Address:.....

Company account Y/N?

Details of Company who will pay for consultation and vaccines

Health Information	YES	NO
1. Do you have any medical problems? (e.g. asthma, diabetes, mental health illness)		
2. Are you taking any regular medications? (e.g. antibiotics, the contraceptive pill)		
3. Are you allergic to anything? (e.g. eggs, drugs, bee stings, band aids)		
4. Have you ever felt faint or fainted after an injection or a blood test?		
5. Have you ever had any health problems while away?		
6. Do you have any particular health concerns regarding this trip?		
7. Women Only: Are you pregnant or planning to become so within 3 months of your return?		
8. Are you breastfeeding?		
9. Are you taking any medicine prescribed by a doctor eg. Corticosteroid medicine such as Cortisone or Prednisone?		
10. Have you been vaccinated with a live vaccine in the last three months including Tuberculosis, MMR, Chicken Pox, Rotavirus or Yellow Fever or had an injection of immunoglobulin or a whole blood transfusion?		
11. Do you have a past history of Guillain-Barre syndrome?		
12. Do you have a disease that lowers immunity eg. Leukaemia, cancer, HIV / AIDS or are you having treatment which lowers immunity, eg. steroid medicines such as Cortisone, Prednisone, Radiotherapy or Chemotherapy?		
13. Do you have a chronic illness?		
14. Are you feeling unwell today?		
15. Have you ever had a reaction following any vaccine?		

Please elaborate on any YES answers above

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Travel details

Please list in chronological order the COUNTRIES you intend visiting.

Destination	Date of Arrival	Duration of stay (days)	Living Conditions
1.			A B C D
2.			A B C D
3.			A B C D
4.			A B C D
5.			A B C D
6.			A B C D
7.			A B C D
8.			A B C D
9.			A B C D
10.			A B C D

A = In transit. Not leaving the airport.

B = Hotel in major city/resort

C = Budget accommodation in town/city.

D = Trekking and /rural travel.

1. What is the main purpose of your trip? Holiday..... Business.....Other.....

2. Date departing Australia?...../...../..... Date returning to Australia/...../.....

3. Are you travelling with children? Yes / No What age is youngest?

4. If you are visiting friends or relatives during your holiday please indicate where.....

5. Will your trip include altitudes above 1500m? Where

6. Will you be diving? Yes / No

7. Will you be visiting rural, remote, wilderness or missionary regions? Yes / No

8. Will you be undergoing medical, dental or cosmetic procedures? Yes / No

Vaccination details

1. Did you miss any of the usual childhood vaccinations? Yes / No

2. Have you ever had the following vaccinations?

Vaccine	Year Given	Never given	Don't know
Tetanus or triple antigen (DTP)			
Polio (oral Sabin) or injectable			
Cholera			
Typhoid			
Hepatitis A – course of 2			
Hepatitis B – course of 3			
Meningitis			

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Vaccine	Year Given	Never given	Don't know
Yellow Fever			
Pneumovax (Pneumonia vaccine)			
Jap Encephalitis			
Rabies			
Tuberculosis			
Chicken Pox			
Influenza			
Measles/Mumps/Rubella			

Possible vaccination reactions

Injection site reactions

You may develop localised swelling, redness, itching and heat at the injection site. It is common to feel heaviness or even some pain in the injected limb.

Tell your doctor if you experience

Local soreness, tiredness, headache, body ache, chills, low grade fever, muscle pain, abdominal pain, nausea, diarrhoea, vomiting, irritability, impaired sleep, cough, loss of appetite, restlessness, drowsiness, dizziness, earache, or nervousness.

See your doctor immediately if any of the following occur

High fever above 40C, severe dizziness, abscess at the injection site, severe headache, confusion, unusual bleeding, bruising, purple spots on skin, skin rash, itchy spots or red lumps on skin, itchiness, hives or rash over the body, painful, swollen joints, decreased sensation in the injected limb.

Immediately go to emergency department of your nearest hospital or call an ambulance on 000 if there are

- Sudden signs of allergy such as spreading redness, itchy rash or hives, swelling of the face, lips, tongue or any other part of the body, swelling of the whole arm or leg.
- Shortness of breath, wheezing or trouble breathing.
- Unusual stiffness causing loss of movement, a seizure or a convulsion which may be accompanied by a high fever, unusual bleeding, bruising and purple spots on skin, feeling very weak or paralysed.
- Rapid, shallow breathing, cold clammy skin, a rapid weak pulse, dizziness, weakness and fainting (shock).
- Headaches and high fever associated with hallucinations, confusion, paralysis of part or all of the body, disturbances of behaviour, speech and eye movements, stiff neck and sensitivity to light.

You will be required to wait in the Clinic for 15 – 30 mins after your vaccine.

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Consent - *to be done on the day*

I acknowledge that:

The doctor has explained the proposed procedure, I understand the risk of immunisations including the risks to me and the likely outcomes. The doctor has explained other relevant treatment options and their associated risks.

The doctor has explained my prognosis and the risks of not having immunisation. The doctor has explained to me that if immediate life-threatening events happen during the immunization they will be treated accordingly.

I have answered all the preceding questions to the best of my knowledge and I consent to receiving the recommended vaccinations. I understand there will be an extra cost for the vaccinations which is payable at the time it is administered.

Please sign

Date / /